

Applicant's Agreement and Functional Statement: Medical Student

Part A

Requesting Service: ACOS-Education **Service POC:** Sam R. Sells, MD, MPH
Extension: 66797

Print Full Name of Applicant: _____

Social Security Number: _____ **Date of Birth:** _____

Address: _____ **Phone Number:** _____

Medical School Affiliation: _____

Part B

Will keys be required for access to work area? No

Computer Access: Yes

License Required: No

U.S. Citizen: ☐ Yes ☐ No (If no, attach completed VISA verification form)

Immediate Supervisor: Service Chief in Assigned Service

Brief Description of Duties: Medical student in good standing rotating at the VA TVHS. Will assess patients and document in CPRS under direct supervision.

Part C

Date of last Physical: _____ **Statement of Health:** Circle one of the following: *Excellent* *Good* *Under the care of a physician*

Date and result of last Tuberculosis (TB) Skin Test: _____

(Physical & TB Skin Test must have been within the last 12 months)

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In accepting this assignment, you acknowledge that you will receive no monetary compensation and are not entitled to any benefits. Agreement may be terminated at any time with notice. A pre-employment physical/drug testing, license verification, and credentialing, if required, will be completed prior to appointment beginning date. Fingerprinting, Electronic Security Clearance Form (SF-85), and Declaration of Federal Employment (SF-306) if required, will be completed for submission with this application request. Under authority of 38 U.S.C. 7405(a)(1), during your period of affiliation with our facility, you will be authorized to perform services as directed by the appropriate Service Chief.

If the above applicant agrees to these conditions, please sign below.

Applicant's Signature

Date